MILWAUKEE COUNTY SENIOR DINING

REGISTRATION FORM

☐ New ☐ Annual Renewal Site _____ Date _____

Last Name	First Name	Middle Initial	Suffix JR SR I II III
Address	**City**	**State**	**Zip Code**

Birthdate (mm/dd/yyyy)	Age	Gender	Phone	Email

Marital Status
- ☐ Single
- ☐ Married
- ☐ Partnered
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Other

Military/Veteran? ☐ No ☐ Yes

Household
- ☐ Lives Alone
- ☐ Lives in LTC Facility
- ☐ Lives with Others
- ☐ Unhoused/Unstable housing
- ☐ Unknown
- ☐ Other

Preferred Language
- ☐ English
- ☐ Hmong
- ☐ Spanish
- ☐ Other

Ethnicity
- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race
- ☐ American Indian/Alaskan Native
- ☐ Asian or Asian American
- ☐ Black/African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other:

$ 2026 INCOME

*Your response will not impact your eligibility. Service is **Age**-based, **NOT** income-based*

For one-person household, income is below $1,330/month ($15,960 annually) ☐ No ☐ Yes

For two-person household, income is below $1,803/month ($21,640 annually) ☐ No ☐ Yes

NUTRITION SCREEN *Circle the Corresponding Number*	No	Yes
❶ A condition or illness changes the kind or amount of food I eat	0	2
❷ I eat fewer than 2 meals each day	0	3
❸ I eat few fruits, vegetables or milk products	0	2
❹ I have 3+ drinks of beer, wine or liquor almost every day	0	2
❺ Tooth or mouth problems make it hard to eat	0	2
❻ I don't always have enough money to buy the food I need	0	4
❼ I eat alone most of the time	0	1
❽ I take 3+ prescribed or over-the-counter medications a day	0	1
❾ Unintentionally, lost/gained 10 pounds in last 6 months	0	2
❿ Not always physically able to shop, cook or feed myself	0	2
Scale: 0-2 = Low 3-5 = Moderate 6+ = High **Total Nutrition Risk:**		

How did you hear about us?
- ☐ Friend/Family
- ☐ Facebook
- ☐ Health Provider
- ☐ Newspaper
- ☐ Internet Search
- ☐ Radio/TV
- ☐ US Mail
- ☐ Church
- ☐ Senior Center
- ☐ Other

Under 60?

What makes you eligible?

→If under 60 Select One:
- ☐ Active Dining Volunteer
- ☐ Spouse of Active Diner
- ☐ Adult w/Disability lives & dines w/Active Diner

OFFICE USE
- ☐ Received _____
- ☐ Diner Card
- ☐ Diner Handbook
- Data Entry _____
- STAFF _____

Emergency Contact _____ Phone _____ Relationship _____

Privacy Statement: The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal and state reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be sold or shared with another agency without your permission. You have the right to review your record and request changes to ensure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging office staff.

NOTE: Registration Form continues on the back. Please complete both sides →

MILWAUKEE COUNTY SENIOR DINING

REGISTRATION *(continued)*

Food Access ➔ 2 Questions:

For each statement, indicate if *Often True*, *Sometimes True* or *Never True* for you in the last 12 months.

1 "I worried whether my food would run out before I got money to buy more."

- ☐ Often True *
- ☐ Sometimes True *
- ☐ Never True

2 "The food that I bought just didn't last, and I didn't have money to get more."

- ☐ Often True *
- ☐ Sometimes True *
- ☐ Never True

Weight Loss and Appetite ➔ 2 Questions:

1 Have you recently lost weight without trying?

- ☐ No — *Score = 0*
- ☐ Not Sure — *Score = 2*
- ☐ Yes → If **YES**, how much weight have you lost?

☐	2-13 pounds	*Score*	1
☐	14-23 pounds	*Score*	2
☐	24-33 pounds	*Score*	3
☐	34 pounds or more	*Score*	4
☐	Unsure	*Score*	2

WEIGHT LOSS Score = ____

2 Have you been eating poorly because of a decreased appetite?

- ☐ No
- ☐ Yes

No	*Score*	0
Yes	*Score*	1

APPETITE Score = ____

Weight Loss Score + *Appetite Score* → **TOTAL MST Score** = ____

☐ OK to refer to Dietitian for Follow-Up?

FOR OFFICE USE:

Final Determine Score:

Determine Nutrition Risk Level

- ☐ Low Risk (0-2)
- ☐ Moderate Risk (3-5)
- ☐ High Risk (6 or more)

MST Malnutrition Screen Score

- ☐ Not at Risk (= 0 to 1)
- ☐ At Risk (= 2 or more)

FOOD INSECURE?

Response of **Often True** or **Sometimes True** to either question = **Food Insecure**.

☐ NO ☐ YES

Next Steps:

- ☐ Refer to Dietitian
- ☐ EBS to complete Foodshare Application
- ☐ Provide food pantries & community meals info

MILWAUKEE COUNTY

☐ Recorded the MST Score and Food Insecurity Response in Peer Place.

Effective: 9.11.26